

FORM TO BE USED BY PRISONERS REQUESTING TO

PROCEED WITHOUT PREPAYMENT OF COSTS

(IN FORMA PAUPERIS)

NAME: JOEL M. WHITEPRISON NUMBER: 20229PLACE OF CONFINEMENT: CCC/CCA SHELBYCRIMINAL CAUSE NUMBER: DC 92-33JOEL M. WHITE

(List all Plaintiffs/Petitioners/Movants)

v.

LISA GRADY, COLLECTIONS MGR., SAM LAW, WARDEN
16TH DISTRICT COURT, MIKE FERRITER DOC DIRECTOR,
(List all Defendants/Respondents).Instructions

1. Use this form if you are filing a legal document in state district court or the Montana Supreme Court and you cannot pay the filing fee. File this form when you file your legal pleading - not before.
2. ATTACH AN OFFICIAL COPY OF YOUR INMATE TRUST ACCOUNT STATEMENT TO THIS FORM.
3. You must tell the truth and sign the form. If you make a false statement of a material fact you may be prosecuted for perjury.
4. If you are allowed to proceed *in forma pauperis*, you may file your legal documents without prepayment of costs. It does not mean you are entitled to free transcripts or the appointment of counsel.

MOTION AND AFFIDAVIT TO PROCEED WITHOUT
PREPAYMENT OF COSTS (IN FORMA PAUPERIS)

1. My name is JOEL M. WHITE

I am the (check one) ☒ petitioner/plaintiff
 ☐ defendant
 ☐ other (explain) _____

2. In support of my request to proceed without prepayment of costs, I declare that I am unable to pay the costs of these proceedings and that I am entitled to relief in the action to which I am or will be a party.

3. In support of this motion, I answer the following questions under penalty of perjury.

4. Are you currently incarcerated? ☒ Yes ☐ No

5. Are you currently employed? ☐ Yes ☒ No

a. If the answer is ^{NO}~~yes~~, state the amount of your salary or wages per month and give the name and address of your employer:

3-19-10 \$32.00 PER MONTH CROSSROADS CORRECTIONAL CENTER,
SHELBY, MT 59474

b. If no, state the date of your last employment and the amount of salary or wages per month:

6. In the past 12 months, have you received any money from any of the following sources?

a. business, profession or other self-employment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. rent payments, interests or dividends	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
c. pensions, annuities or life insurance payments	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

- d. disability or workers compensation payments Yes [] No [X]
e. social security or retirement benefits Yes [] No [X]
f. family or friends Yes [] No [X]
g. gifts or inheritances Yes [] No [X]
h. any other sources (specify) _____ Yes [] No [X]

If the answer to any of the above is yes, describe each source of money, state the amount received during the past 12 months, the frequency with which you receive it, and what you expect you will continue to receive:

7. Do you have any cash, or any checking or savings accounts?

Yes [] No [X]

If yes, state the total value of the cash and/or accounts:

8. Do you own any real estate, stocks, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishings and clothing)?

Yes [] No [X]

If yes, describe the property and state its value: _____

9. List the persons who are dependent on you for support and state your relationship to each person. Indicate how much you contribute to their support:

NONE

DATED this 26 day of MARCH, 2010

Joel M. White
Signature of Applicant (sign in presence of notary)

SUBSCRIBED and SWORN to before me this 26 day of March,

2010, by Joel M. White (name of Applicant).

Camille M. Wandler
Signature notary

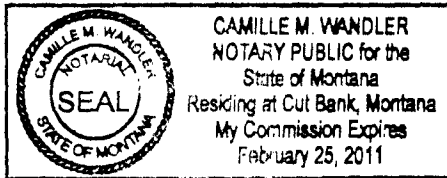
Camille M. Wandler

Name - typed, stamped or printed

Notary Public for the State of Montana

Residing at Cut Bank

My commission expires 2-25-2011



LET THE APPLICANT PROCEED WITHOUT PREPAYMENT OF COSTS.

(District Judge or Supreme Court)